

Model Form to Assist Parents in Requesting a Due Process Hearing under IDEA 2004, Part B

,		ng before a State Administrative Law	Judge.
(your name) Please print		If there is another parent at another address wit parental rights, please complete the following:	
Parent Name(s) .	Parent Name(s)	
Mailing address (or contact information)		Mailing address (or contact information)	
City	State ZIP	City	State ZIP
Phone/contact	number & e-mail address (if available)	Phone/contact number & e-mail a Available)	ddress (if
•	Child's name		<u></u>
	Address where child lives (or contact	t information)	
	Name of district, school, and AEA w	here child lives	<u> </u>
	Name of district, school, and AEA ch where child lives	nild attends if different than	
This pro	blem results from the:		
the child's the child's the child's provision to the chil Describe the following	initiate or change s identification s evaluation s educational placement of a free appropriate public education ld llowing (use additional sheets of paper) of the problem relating to the proposal of		
2. The facts of	this case relating to the above problem		
3. Your propos	sed resolution of the problem:		
I/we agree to pa	g is actually held: articipate in a Resolution Session provid articipate in a mediation process provide		NO
Address and pho	one number of person filing request, if	not parent:	
	person filing request, if not parent: perintendent, principal, attorney)		
Send completed form	n to: 1. The district that made decisions with 2. The AEA special education director	- ·	

3. Director, Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146

Revised 7/27/06